

ATTACHMENT VI
CONFIDENTIAL RATES OF PAYMENT

This attachment is confidential, and is not open until, at the earliest July 1, 2009. See Exhibit D, Item II.P. of this Agreement for the standards governing confidentiality.

I. HEALTHY FAMILIES PROGRAM RATES

ONE YEAR PREMIUM RATES

Subscriber Child Premium Rates for the July 1, 2005 - June 30, 2006 benefit year

	Geographic Area 1	Geographic Area 2	Geographic Area 3	Geographic Area 4	Geographic Area 5	Geographic Area 6
Per Subscriber Child ages 1 thru 18						

	Geographic Area 1	Geographic Area 2	Geographic Area 3	Geographic Area 4	Geographic Area 5	Geographic Area 6
Per Subscriber Child Under Age One*						

*Plans are to leave infant rates blank. Will be 2.78 times the negotiated rate for children 1-18 years.

TWO YEAR PREMIUM RATES

Subscriber Child Premium Rates for the July 1, 2005 - June 30, 2007 benefit years

	Geographic Area 1	Geographic Area 2	Geographic Area 3	Geographic Area 4	Geographic Area 5	Geographic Area 6
Per Subscriber Child ages 1 thru 18						

	Geographic Area 1	Geographic Area 2	Geographic Area 3	Geographic Area 4	Geographic Area 5	Geographic Area 6
Per Subscriber Child Under Age One*						

*Plans are to leave infant rates blank. Will be 2.78 times the negotiated rate for children 1-18 years.

II. SUBSCRIBER CHILD PREMIUM RATE FOR INFANTS BORN TO MOTHERS ENROLLED IN AIM (to be completed only by health plans contracted to provide AIM services)

Lump-sum Rate per AIM-linked Subscriber (covers period from birth through end of month that follows birth month and applies in all geographic areas served by plan)

Rate for July 1, 2005 – June 30, 2006: _____

Rate for July 1, 2005 – June 30, 2007: _____

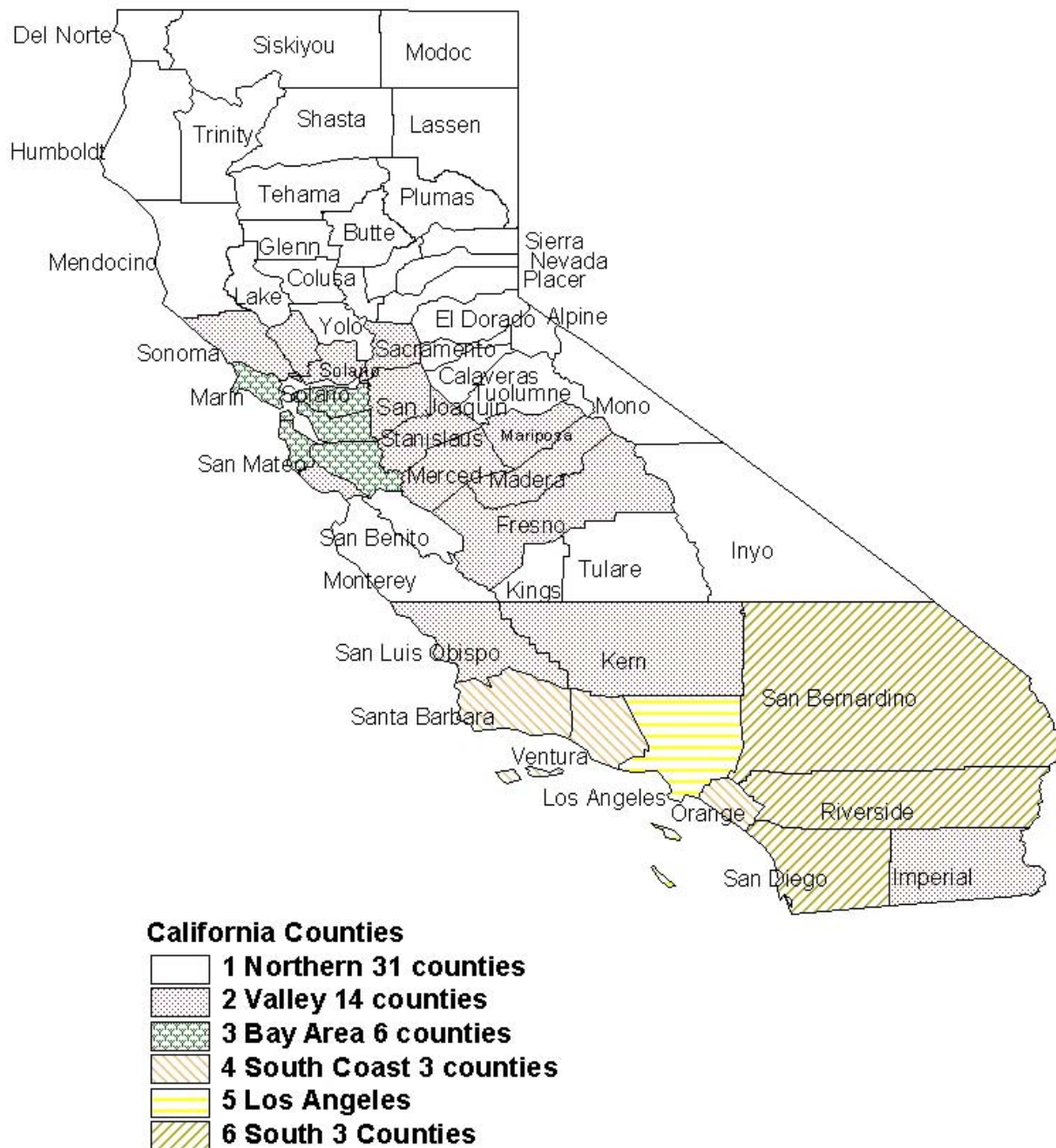
Plan Name _____

Contact Person: _____

Telephone: _____

e-mail : _____

California MRMIB Regions



For a listing of counties in each region, refer to section 2699.6801 of HFP regulations.